Image# 14940021493 PAGE 1 / 12

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An	Authorized Com	imittee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: over the li	f typing, type nes.	12FE4M5	
SOCIAL SECURITY IN	STITUTE PAC IN	NC			
ADDRESS (number and street)	PO BOX 216				
Check if different					
than previously reported. (ACC)	THE PLAINS			LVA L	20198
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		STATE A	ZIP CODE ▲
C C00542258		3. IS THIS REPORT	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	-	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 2	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q July 15	(c) 12-Day		y (12P)	General (12G) Runoff (12R)
Quarterly Report (Q	2) PRE -Election Report for the		ntion (12C)	Special (1	12S)
October 15 Quarterly Report (Q	3)		_	Y	
X January 31 Year-End Report (YI	E) E	lection on	M / D D /		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the		al (30G)	Runoff (3	0R) Special (30S)
Termination Report (TER)		М =	M / D D /	Y = Y = Y = Y	in the
	E	lection on			State of
5. Covering Period 10		013 thro	ugh 12	31	2013
I certify that I have examined thi	s Report and to the be	st of my knowledge	and belief it is tru	ue, correct and	complete.
Type or Print Name of Treasurer	Georganna Hunter				
Signature of Treasurer Georg	anna Hunter	[Electro	onically Filed] [Date 01	/ 10 / Y Y Y Y Y Y 2014
NOTE: Submission of false, errone	ous, or incomplete inforn	nation may subject th	e person signing t	his Report to th	e penalties of 2 U.S.C. §437g.
Office Use					FEC FORM 3X Rev. 12/2004
Only	[]			1	110V. 12/2007

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Repo	rt Covering the Period: From:	10 01 2013 T	o: 12 31 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a)	Cash on Hand January 1, 2013		0.00
(b)	Cash on Hand at Beginning of Reporting Period	713.61	
(c)	Total Receipts (from Line 19)	5500.00	73369.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6213.61	73369.00
. To	tal Disbursements (from Line 31)	4903.33	72058.72
Re	sh on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	1310.28	1310.28
the	e Committee (Itemize all on hedule C and/or Schedule D)	0.00	
the	e Committee (Itemize all on hedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

SOCIAL SECURITY INSTITUTE PAC INC

I. Receipts	I. Receipts COLUMN A Total This Period					
Contributions (other than loans) From:	10000 10000	Calendar Year-to-Date				
(a) Individuals/Persons Other						
Than Political Committees						
(i) Itemized (use Schedule A)	795.00	1920.00				
(ii) Unitemized	, 4705.00	71449.00				
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	5500.00	73369.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00					
(such as PACs)	0.00	0.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry		70000.00				
Totals to Line 33, page 5)	5500.00	73369.00				
Transfers From Affiliated/Other						
Party Committees	0.00	0.00				
	200					
All Loans Received	0.00	0.00				
Loan Repayments Received	0.00	0.00				
Offsets To Operating Expenditures	7					
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	0.00	0.00				
Refunds of Contributions Made	7					
to Federal Candidates and Other						
Political Committees	0.00	0.00				
Other Federal Receipts	7					
(Dividends, Interest, etc.)	0.00	0.00				
Transfers from Non-Federal and Levin Funds						
(a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
,	7					
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(b) Leviii i diids (iioiii Scheddle 113)		3.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
(6) 15121 114151515 (2222 15(4) 2114 15(5)).		7				
Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c))▶	5500.00	73369.00				
Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	5500.00	73369.00				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

COLUMN B Calendar Year-to-Date
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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5500.00	73369.00				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5500.00	73369.00				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4903.33	72058.72				
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
Net Operating Expenditures (subtract Line 37 from Line 36)	4903.33	72058.72				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOF						6	OF	12	
(che	ck only	or	ne)						
×	11a		11b		11c	12			
	13		14		15	16	,	17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Oi	tor commercial purposes, other than using the	marile and address of any political committee to	Solicit Continbutions from Such Committee.
\rangle	NAME OF COMMITTEE (In Full) SOCIAL SECURITY INSTITUTE	E PAC INC	
Α.	Full Name (Last, First, Middle Initial) Susan Glunz Mailing Address 1015 Harrison Ave		Date of Receipt 12 13 2013
	City Wauconda	State Zip Code IL 60084	Transaction ID : SA11AI.7725 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer None	Occupation Retired	
	Receipt For: 2013 Primary General Other (specify) Other	Aggregate Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Bonnie Gray		Date of Receipt
	Mailing Address 1447 Camino De Vela City	12 16 2013 Transaction ID : SA11Al.7679	
	San Marcos	CA 92078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer None	Occupation Retired	
	Receipt For: 2013 Primary General Other (specify) Other	Aggregate Year-to-Date ▼ 325.00	
С.	Full Name (Last, First, Middle Initial) Lois Ricker		Date of Receipt
	Mailing Address 47 Graham St		12 09 _ 2013 _
	City Jersey City	State Zip Code NJ 07307	Transaction ID : SA11AI.7766 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer None	Occupation Retired	
	Receipt For: 2013 Primary General Other (specify) Other	Aggregate Year-to-Date ▼ 270.00	
s	UBTOTAL of Receipts This Page (optional)		545.00
т	OTAL This Period (last page this line number of	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	PAGE	7	OF	12					
(che	ck only	or	ne)						
×	11a		11b		11c	12			
	13		14		15	16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Oi	ior commercial purposes, other than using the	maric and address of any political committee to	Solicit Contributions from Such Committee.
\rangle	NAME OF COMMITTEE (In Full) SOCIAL SECURITY INSTITUTE	E PAC INC	
Α.	Full Name (Last, First, Middle Initial) Sandra K. Twamley Mailing Address 44 Brayton Rd		Date of Receipt 12 11 2013
	City Rochester	State Zip Code NY 14616	Transaction ID : SA11AI.7780 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer None	Occupation Retired	
	Receipt For: 2013 Primary General Other (specify) Other	Aggregate Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address	M = M / D = D / Y = Y = Y	
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
<u> </u>	Full Name (Last, First, Middle Initial)		Date of Receipt
Ο.	Mailing Address		M = M / D = D / Y = Y = Y
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
S	SUBTOTAL of Receipts This Page (optional)		250.00
т	OTAL This Period (last page this line number of	only)	795.00

S	CHEDULE B (FEC Form 3X)	EOD LINE					NUMBER: PAGE 8 OF 12										
	EMIZED DISBURSEMENTS	Use sepa			k only	_											
• •			category of the Summary Page	`		21b		22		23		24		25		26	
		Detailed	ouilillary Page		П	27	Н	28a		28b		28c		29		30b	
Ar	by information copied from such Reports and Staten	nents may r	not be sold or use	d by	anv	perso	son for the purpose of soliciting contributions								s		
	for commercial purposes, other than using the name																
	NAME OF COMMITTEE (In Full)																
$ \rangle$	SOCIAL SECURITY INSTITUTE P	AC INC															
\angle																	
	Full Name (Last, First, Middle Initial)																
A.	Capital One Bank							ate of	t Dis	sburse	eme	nt					
	Mailing Address DO Day 450400						M M / D D / Y Y Y Y Y										
	Mailing Address PO Box 152402						10 01 2013										
	City	State	Zip Code														
	Irving	TX	75015				•	Trans	acti	ion ID	: S	B21B.	7857	7			
	Purpose of Disbursement			-	-	\neg											
	Bank Charges			0	01		A	moun	t of	Each	Dis	burser	nent	this	Peri	od	
	Candidate Name	A O IN 10		Cate		y/								23	0.36		
	SOCIAL SECURITY INSTITUTE P			Ту	/pe		L	-	-	7		- 7	-	20	3.00	ш.	
	Office Sought: House Disburser		Conorol														
	Senate President	Primary Other (spec	General														
	State: District:																
_	Full Name (Last, First, Middle Initial)																
В.	Capital One Bank						D	ate of	f Dis	sburse	eme	nt					
	Capital Ollo Ballit							M = M	/		D	/ Y	Y	Y	Y		
	Mailing Address PO Box 152402							10	ľ		31			013			
	City State Zip Code								Transaction ID : SB21B.7858								
	Irving Purpose of Disbursement	TX	75015														
	Bank Charges						Amount of Each Disbursement this Period								od		
	Candidate Name	AC INC Category/					24.47										
	SOCIAL SECURITY INSTITUTE P																
	Office Sought: House Disburser		I		•	$\overline{}$											
	Senate	Primary	General														
	President	Other (spec	cify) 🔻														
	State: District:																
	Full Name (Last, First, Middle Initial)																
C.	Capital One Bank						D	ate of	f Dis	sburse	eme	nt					
	Mailing Address DOD 175155							M = M	1		D	/ Y		142	Y		
	Mailing Address PO Box 152402							11	4	0	1	L	20	013	-		
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	Irving	TX	75015					Trans	sact	ion ID	: S	B21B.	7859	9			
	Purpose of Disbursement				-	\neg											
	Bank Charges			0	01		Α	moun	t of	Each	Dis	burser	nent	this	Peri	od	
	Candidate Name Cate							_	+	-			_	2	8.89		
	SOCIAL SECURITY INSTITUTE PAC INC									7		- 7	_		5.09		
	Office Sought: House Disburser		04														
	Senate President	Primary	General														
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_	State. District.						_										
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۱.	OTAL This Period (last page this line number only)	1						-	-			-	-	-	-		

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S	CHEDULE B (FEC Form 3X)			FOR LINE	E NUMBER: PAGE 9 OF 12									
ΙT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	nly one)									
			Summary Page	X 21b	22	23	24	25	26					
_				27	28a	28b	28c	29	30b					
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Ļ.	NAME OF COMMITTEE (In Full)		in the second second		3031. 301		2 04011	50.111111						
$ \rangle$	SOCIAL SECURITY INSTITUTE PA	AC INC												
_	Full Name (Last, First, Middle Initial)													
A.	Capital One Bank				Date of	f Disburse	ement							
	Mailing Address DO Rev 152402				11 05 2013									
	Mailing Address PO Box 152402				11)3	2013						
	City	State	Zip Code											
	Irving	TX	75015		Trans	action ID) : SB21B.78	860						
	Purpose of Disbursement Bank Charges	201												
				001	Amoun	t of Each	Disburseme	ent this	Period					
	Candidate Name SOCIAL SECURITY INSTITUTE PA			Category/					7.95					
	Office Sought: House Disbursem			Type		7	,							
		Primary	General											
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	State: District:		<u> </u>											
	Full Name (Last, First, Middle Initial)													
В.	Capital One Bank				Date of	f Disburse	ement							
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	Mailing Address PO Box 152402				11		08	2013						
	City													
	Irving		Trans	saction IL) : SB21B.78	361								
	Purpose of Disbursement													
	Bank Charges			001	Amoun	t of Each	Disburseme	ent this	Period					
	Candidate Name SOCIAL SECURITY INSTITUTE PA	۸ <i>C</i>		Category/					1.46					
	Office Sought: House Disbursem			Туре		,	,							
		Primary	General											
		Other (spec	cify) 🔻											
	State: District:													
	Full Name (Last, First, Middle Initial)													
C.	Capital One Bank				Date of	f Disburse	ement							
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	Mailing Address PO Box 152402				11		30	2013						
	City	State	Zip Code											
	Irving	TX	75015		Trans	saction ID) : SB21B.78	362						
	Purpose of Disbursement Bank Charges			001										
	Candidate Name	Amoun	t of Each	Disburseme	ent this	Period								
	SOCIAL SECURITY INSTITUTE P				1	8.47								
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s	SUBTOTAL of Disbursements This Page (optional)					- 40		2	7.88					
\vdash														
[т	OTAL This Period (last page this line number only).					,								

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SC	CHEDULE B (FEC Form 3X)			EOD LINE	NUMBER: PAGE 10 OF 12							
	EMIZED DISBURSEMENTS	Use separate s		(check only	E NOMBER.							
111	INITED DISBURSEMENTS	for each catego		X 21b	22	23		24	25	26	6	
		Detailed Summ	ary Page	27	28a	28b	H	28c	29	30	0b	
Δρ	y information copied from such Reports and Staten	nente may not ha	enld or uses	hy any porce	urson for the nursose of soliciting contributions							
	for commercial purposes, other than using the nam											
$\overline{}$	NAME OF COMMITTEE (In Full)										_	
	SOCIAL SECURITY INSTITUTE P	AC INC										
/	SOUND SECONT I INSTITUTE P	, to live										
	Full Name (Last, First, Middle Initial)											
_	Capital One Bank	Date of	Disburs	ement								
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	Mailing Address PO Box 152402				12		02		2013			
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	Irving	TX 750	15					0				
	Purpose of Disbursement Bank Charges			001	A t	of Cash	Diele	UKO 0	nt this	Dovic -		
	Candidate Name			001	AMOUNT	of Each	ומצוע ו	urseme	iii tilis	renoa		
	SOCIAL SECURITY INSTITUTE PA			Category/		_			- 3	4.65		
	Office Sought: House Disbursen			Туре		7	_	,				
		Primary	General									
		Other (specify)										
	State: District:	Caron (opcomy)	7									
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	Mailing Address PO Box 152402		12		04	١, .	2013					
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	Irving	TX 750	15		Halls		. 00					
	Purpose of Disbursement Bank Charges	004	Α -		. .			D				
	· ·			001	Amount	of Each	Disbi	urseme	nt this	Period		
	Candidate Name	AC INC	Category/						7.95			
	SOCIAL SECURITY INSTITUTE P			Туре		7	-	7			ı,	
	Office Sought: House Disbursen Senate		General									
		Other (specify)	General									
	State: District:	Other (specify)	7									
_	Full Name (Last, First, Middle Initial)											
	,				Date of	Disburs	ement					
٥.	Capital One Bank								V = ''	V		
	Mailing Address PO Box 152402				12		09	′ Y	2013	= Y		
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	City S	State Zip (Code		T	action II		240 72	e E			
	Irving	TX 750	15		irans	action II	. SB	∠15./8	000			
	Purpose of Disbursement											
	Bank Charges			001	Amount	of Each	Disb	urseme	nt this	Period		
	Candidate Name	Category/			_	-	_	0.73	1			
	SOCIAL SECURITY INSTITUTE P	Туре		-,		,		0.13	J.			
	Office Sought: House Disbursen											
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_	State: District:											
								-	4	3 33	1	
S	UBTOTAL of Disbursements This Page (optional)			••••••				7	4	3.33	Į,	
											40	

S 17

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 OF 12											
	EMIZED DISBURSEMENTS		arate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 12 (check only one)											
II LIVIIZED DISDUNSEIVIEN IS		for each category of the Detailed Summary Page		X 21b		22 23				24 25					
		Detailed	oummary Page	27		28a		28b		28c	29	\vdash	30b		
Ar	y information copied from such Reports and Staten	nents may r	not be sold or us	sed by any ner	rson	for the	DUT	oose o	of soli	citina	contrib	utions	s		
	for commercial purposes, other than using the nam												0		
ackslash	NAME OF COMMITTEE (In Full)														
$ \rangle$	SOCIAL SECURITY INSTITUTE P	AC INC													
/	OCOME OF CONTINUE INCOME.	710 1110													
	Full Name (Last, First, Middle Initial)														
A.	Capital One Bank						f Dis	burse	ment						
	<u> </u>						/	D	D /	Υ	Y Y	I Y			
	Mailing Address PO Box 152402							3	1		2013				
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	City State Zip Code Irving TX 75015							Transaction ID : SB21B.7866							
	Irving Purpose of Disbursement	17	75015		4										
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	SOCIAL SECURITY INSTITUTE PA	AC INC		Category/ Type		1 .				_	_	8.40			
	Office Sought: House Disbursen			Турс	-			7		7					
	Senate														
	President														
	State: District:	Other (spec	<i>37</i> , ₹												
	Full Name (Last, First, Middle Initial)														
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	Coolar Coodiny monarc						M M / D D / Y Y Y Y								
	Mailing Address 4305 A Faquier Ave.						н	0		Ι.	2013	. 1			
	·														
	,	State	Zip Code			Trans	sacti	on ID	: SB2	21B.78	355				
	The Plains Purpose of Disbursement	VA	20198												
	List Rental Fees	003		Amount of Each Disbursement this Period											
	Candidate Name			Amount of Each Dispursement this Period											
	SOCIAL SECURITY INSTITUTE P.	Category/ Type		١.				_	202	20.00					
	Office Sought: House Disbursen	туре	\dashv			7		,							
	Senate	Primary	General												
	President	Other (spec													
	State: District:	(-	√												
_	Full Name (Last, First, Middle Initial)														
C.	Social Security Institure						f Dis	burse	ment						
	Coolar Cooliny monare						M M / D D / Y Y Y Y								
	Mailing Address 4305 A Faquier Ave.						12 02 2013								
	,	State	Zip Code			Trans	acti	on ID	: SB2	21B.78	356				
	The Plains	VA	20198		\perp						•				
	Purpose of Disbursement List Rental Fees			003								_			
	Candidate Name					Amoun	t of	Each	Disbu	ırseme	ent this	Perio	od		
	SOCIAL SECURITY INSTITUTE P	AC INC		Category/ Type							250	00.00			
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	Senate Sought.	Primary	General												
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	State: District:	(550	<i>></i> / ▼												
Г	I						-	_	_	-	_				
s	UBTOTAL of Disbursements This Page (optional)					1	_		_		453	8.40			
dash						 	+	1	-	7	\Rightarrow				
٦,	OTAL This Period (last page this line number only)							_	_	_	490	3.33			

Image# 14940021504 PAGE 12 / 12

: 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SB21B Transaction ID: SB21B.7855

This expenditure was made for promotion of the Social Security Institute PAC, its mission and to raise funds to support this mission. No portion of this expenditure was made on behalf of, or in opposition to, any speciffically identified Federal candidate. This activity did not 'expressly advocate the election or defeat of any Federal candidate'.

Form/Schedule: SB21B Transaction ID: SB21B.7856

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